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JAN 14 2005

Fax

To: Mail Stop AMENDMENT
Examiner James S. McClellan

From: Mikio Ishimaru

Fax: (703) 872-9306
TC 3627 - Before Final

Pages: 4, including this page

Phone: (703) 305-0212

Date: January 14, 2005

Re: U.S. Patent Application Serial CC:
No. 10/044,169

☒ Response/Amendment to Office Action

☐ Information

☐ Other

IMPORTANT

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For confirmation or assistance, call (408) 738-0592

Dear Examiner McClellan:

Attached are a Certificate of Transmission, Transmittal, and Response to the Restriction Requirement dated December 14, 2004, for U.S. Patent Application Serial No. 10/044,169 (attorney docket no. 1007-013).

Respectfully submitted,



Mikio Ishimaru
Reg. No. 27,449

Docket No.: 1007-013

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Hung-Liang Chiu et al.

Confirmation No.: 1606

Serial No.: 10/044,169

Examiner: James S. McClellan

Filed: 10/22/2001

Group Art Unit: 3627

For: METHOD AND SYSTEM FOR
PROCESSING RETURN PRODUCTS

TRANSMITTAL FOR ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Response / Amendment	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> After Final	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Information Disclosure Statement, PTO Form-1449, & cited Reference(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	Certificate of Fax Transmission
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

The fee, if required, has been calculated as shown below:

	NO. OF CLAIMS	HIGHEST PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	18	18	0	x \$50 =	\$ 0.00
Independent Claims	2	3	0	x \$200 =	\$ 0.00
If multiple claims newly presented, add \$360					
Fee for extension of time					
Other:					
TOTAL FEE					\$0.00

☐ Please charge Deposit Account No. 50-0374 in the amount of \$ 0.00. An additional copy of this transmittal sheet is submitted herewith.

☒ The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment, to Deposit Account No. 50-0374, including any filing fees under 37 CFR 1.16 for presentation of extra claims and any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

Mikio Ishimaru

Mikio Ishimaru

Registration No. 27,449

Date: January 14, 2005

CERTIFICATE OF MAILING OR TRANSMISSION	
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Type or printed name	Asha Zahrt
Signature	<i>Asha Zahrt</i>
Date	January 14, 2005

PTO/SB/97 (08-03)

Approved for use through 7/31/2006. OMB 0651-0031

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With reference to serial number 10/044,169, the following are
being submitted:

Fax Cover Sheet
Certificate of Transmission
Transmittal
Response

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Docket Number: 1007-013

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Patent
JAN 14 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventors:	Hung-Liang Chiu et al.	Confirmation No:	1606
Application No.:	10/044,169	Examiner:	James S. McClellan
Filed:	10/22/2001	Group Art Unit:	3627
Title:	METHOD AND SYSTEM FOR PROCESSING RETURN PRODUCTS		

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria VA, 22313-1450

RESPONSE TO RESTRICTION REQUIREMENT


Sir:

In response to the Office Action of December 14, 2004, wherein restriction has been required, Applicants respectfully elect Claims 1-8 with traverse and without waiving any rights for reconsideration. Claims 9-18 are to be held in abeyance for preparation of a divisional application in the event reconsideration is denied. Applicants respectfully request reconsideration of the requirement for restriction and that the requirement be removed.

☒ No additional fee is required

At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account 50-0374 pursuant to 37 CFR 1.25.

Respectfully submitted,


Mikio Ishimaru
Reg. No. 27,449
January 14, 2005

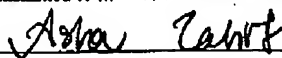
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